

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
STANDARD CERTIFICATE OF DEATH

34717  
State File No. 9246  
Registrar's No. 9246

FILED NOV 6 1948  
Registration District No. 318

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether  
In this community years, months or days)

3: (a) PRINT FULL NAME Lillie S. Smith

3: (b) If veteran, name war 3: (c) Social Security No.

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Wid. 7. Birth date of deceased Dec. 21 1897 (Month) (Day) (Year)

8. AGE: Years 50 Months 10 Days 3 If less than one day hr. min.

9. Birthplace Atlanta Georgia (City, town, or county) (State or foreign country)

10. Usual occupation Domestic (Housewife)

11. Industry or business

12. Name Thomas Thomas  
13. Birthplace Georgia (City, town, or county) (State or foreign country)  
14. Maiden name Ella Harvey  
15. Birthplace Georgia (City, town, or county) (State or foreign country)

16. (a) Informant Dave Thomas (Brother)  
(b) Address 1332 Aubert Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-28-48 (Month) (Day) (Year)  
(c) Place: burial or cremation Washington Park, Ceme

18. (a) Signature of funeral director Peoples' Und. Co.  
(b) Address 3100 Franklin Avenue

19. (a) OCT 26 1948 (Date received local registrar) J. B. Laster (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 1332 Aubert (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24  
year 1948 hour 6 minute a m.

21. I hereby certify that I attended the deceased from Oct. 9 1948 to Oct. 24 1948  
that I last saw her alive on Oct. 24 1948  
and that death occurred on the date and hour stated above.  
Immediate cause of death Cerebral Vascular Disease; Pelvic Abscess  
Duration Undet.

Due to 137  
Due to

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy None  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury  
23. Signature Herbert J. Ewing (M. D. or other) 10/25/48  
Address 2601 N. White Date signed

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*John L. Pithus*

Licensed Embalmer No.....

*4184*

P. O. Address.....

*St. Louis, Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**